

To:
Dentists
HMOs and Other
Managed Care
Programs

Changes to prior authorization requirements for topical applications of fluoride

Effective for dates of service on and after February 26, 2004, Wisconsin Medicaid no longer requires prior authorization (PA) for topical applications of fluoride without prophylaxis for children under 13 years of age.

Fluoride treatments without prophylaxis

Effective for dates of service on and after February 26, 2004, Wisconsin Medicaid no longer requires prior authorization for topical applications of fluoride without prophylaxis for children under 13 years of age.

Providers are required to indicate *Current Dental Terminology* (CDT) procedure code D1203 (Topical application of fluoride [prophylaxis not included] — child) on claims submitted to Wisconsin Medicaid for topical applications of fluoride without prophylaxis.

Frequency of fluoride treatments without prophylaxis

Providers may only perform fluoride treatments without prophylaxis two times per year.

In cases of medical necessity, developmental disability, or demonstrated high risk of caries, providers may administer up to four fluoride

treatments without prophylaxis per calendar year. Providers are required to retain documentation in a recipient's file indicating this need.

Fluoride treatments with prophylaxis

Prior authorization requirements for fluoride treatments with prophylaxis remain unchanged. When both a prophylaxis and a fluoride treatment are provided to children under 13 years of age, providers may indicate CDT procedure code D1201 (Topical application of fluoride [including prophylaxis] — child) on claims. Providers will be reimbursed the same amount if they indicate procedure codes D1120 (Prophylaxis — child) and D1203 separately.

Providers may only perform two cleanings per year (using CDT procedure code D1120 or D1201) unless the recipient has a permanent disability which prevents him or her from engaging in regular oral hygiene. Prior authorization is required for additional cleanings.

For more information

Providers may call Provider Services at (800) 947-9627 or (608) 221-9883 with questions about this *Wisconsin Medicaid and BadgerCare Update*. Dental providers should select “6” at the prompt.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee for service information and applies to providers of services to recipients who have fee-for-service Medicaid or to recipients enrolled in Medicaid HMOs that do not provide dental coverage. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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